

CHRIS
Point of Contact Designation

1st Tier Organization _____ **Org. Code:** _____

The following individual is designated to serve as the Point of Contact for the organization indicated above and is authorized to sign Userid Requests for:

HR Workflow _____ **TR Workflow** _____ **HR** _____ **Training** _____ **Manage Competencies** _____

Name: _____ **EMPLID:** _____
Last First MI

Email Address: _____

Office Phone: _____ **FAX:** _____

Signature Date

Please fax this completed page to both (304) 285-4282 and (202) 586-0636